

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Robert G. Urban et al. Art Unit : 1648  
Serial No. : 10/603,062 Examiner : Ali R. Salimi  
Filed : June 24, 2003 Confirmation No.: 8636  
Notice of Allowance Date: April 12, 2006  
Title : IMMUNOGENIC PEPTIDES FROM THE HPV E7 PROTEIN

**MAIL STOP ISSUE FEE**

Commissioner for Patents  
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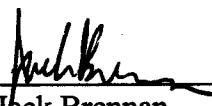
**RESPONSE TO NOTICE OF ALLOWANCE**

In response to the Notice of Allowance mailed April 12, 2006, enclosed is a completed issue fee transmittal form PTOL-85b. Under 37 CFR 1.27(g)(2), applicant is no longer claiming Small Entity status. The required issue fee of \$1400 and publication fee of \$300 are being paid concurrently herewith on the Electronic Filing System (EFS) by way of Deposit Account authorization.

Please apply any additional charges or credits to our Deposit Account No. 06-1050, referencing Attorney Docket No. 08191-004004.

Respectfully submitted,

Date: July 10, 2006

  
\_\_\_\_\_  
Jack Brennan  
Reg. No. 47,443

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## PART B – FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail or Fax **Mail Stop ISSUE FEE**  
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**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 04/12/2006

**FISH & RICHARDSON P.C.**  
**P.O. Box 1022**  
**Minneapolis, MN 55440-1022**

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/603,062	06/24/2003	Robert G. Urban	08191-004004	8636

**TITLE OF INVENTION: IMMUNOGENIC PEPTIDES FROM THE HPV E7 PROTEIN**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/12/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
SALIMI, ALI REZA	1648	424-204100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. <b>Fish &amp; Richardson P.C.</b> _____
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2. _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. <b>Use of a Customer Number is required.</b>		3. _____

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

**MGI PHARMA Biologics, Inc.**

(B) RESIDENCE (CITY and STATE OR COUNTRY)

**Lexington, MA**

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

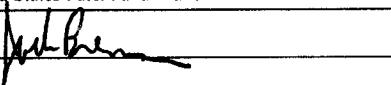
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input type="checkbox"/> Advance Order - # of Copies _____	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.2.7.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered agent or; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature) 	(Date) <u>July 10, 2006</u>
Typed or Printed Name <u>Jack Brennan</u>	Registration No. <u>47,443</u>

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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